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TRANSMITTAL FORM

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First Named Inventor	Moyne et al.
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Examiner Name	Patel, N.
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Issue Date	Not applicable

ENCLOSURES (check all that apply)

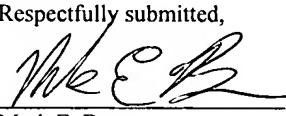
<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"><input checked="" type="checkbox"/> Check Attached<input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"><input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"><input type="checkbox"/> Preliminary<input type="checkbox"/> After Final<input type="checkbox"/> Affidavits/declaration(s)<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]		
<input checked="" type="checkbox"/> Petition for Extension of Time		
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"><input type="checkbox"/> Form PTO-1449<input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"><input type="checkbox"/> Paper Copy/CD<input type="checkbox"/> Computer Readable Copy<input type="checkbox"/> Statement verifying identity of above		

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